	Connecticut Departmen	nt of Public H	lealth I	Drinkir	ng Water S	Section	
	Water Quality M				_		
PWS ID	PWS Name	<u> </u>			n Population C		imary Source
CT0760014	CAMP LAURELWOOD			NC	400	Р	GW
Local Address (v	vhere applicable)	Service	Residentia	al Comme	rcial Industrial	Combined	Agricultural
463 SUMMER H	ILL ROAD	Connections		1			
Towns Served: I	MADISON	1	l.		1		
	M	onitoring Requ	iiremen	ts			
Water System	Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)					
Total Coliforn	•				1 r	outine (RT) p	er quarter
	Point (Sampling Point ID)		Monitoring		Collection Perio	od Complic	ance Status
Select fron	n Inventory of Active Sampling Points		10/1/18 - 1				
			4/1/19 - 6				
			7/1/19 - 9	/30/19			
Physical Para						outine (RT) p	•
	Point (Sampling Point ID)		Monitoring		Collection Perio	od Complic	ance Status
Select fron	n Inventory of Active Sampling Points		10/1/18 - 1		10/1-11/5		
			4/1/19 - 6				
			7/1/19 - 9	/30/19			
•	Facility: ENTRY POINT (WSF ID: 0	0700)					
Nitrate And N						1 routine (R	
	Point (Sampling Point ID)		Monitoring		Collection Perio		ance Status
ENTRY POI	NT (3)		1/1/18 - 12		_	Coi	mplete
			1/1/19 - 12				
			1/1/20 - 12				
	Oth	er Compliance	Schedu	ıles			
Compliance Sch	edule Activity		Du	ue Date	Achieve	ed Date	
SEASONAL STAF	RT UP COMPLETION		4/	1/2019			
	Public	Notification R	equiren	nents			
		Compliance	Notice	Public	Notification	PN Cert	<u>ification</u>
Violation/Situa	tion	Period	Tier	Require	d Performed	Due to DPH	Received
REVISED TOTAL	COLIFORM RULE (RTCR)	4/2/18 - 6/6/18	3	6/1/201	.9	6/11/2019	
Total Coliform N	ለ&R Violation	10/1/18 - 12/31/18	3	2/11/20	20	2/21/2020	
	Water System	Facility and Sar	mpling F	oint Inv	ventory		
Water					Total Lead a	nd	
*		Point Sampling Poi	nt	C	Coliform Coppe		Stage
Facility ID	ID	Description		Status		ier Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM 4	DISTRIBUTION		Α	Υ		
		REAM WITHIN 5 SEF		Α			
	UPSTRI	EAM WITHIN 5 SER	RVICE CON	Α			

ENTRY POINT

WELL

WELL#3

WELL #4

WELL #5

3

2

2

2

2

Α

Α

Α

Α

Α

00700 ENTRY POINT

21322 WELL #2

51858 WELL #3

51860 WELL #4

51862 WELL #5

57515 ATMOSPHERIC STORAGE

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT0760014				NC	400	Р	GW	
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
463 SUMMER HILL ROAD		Connections			1			

Towns Served: MADISON

				Contact Inf	ormation				
Name				Organization	า			Job Title	
Ms. Ruth Ann Ornstein Msw				Camp Laure	lwood	Executive Director			
Mailing Address Line One Mailing Add			Address Line Two	ress Line Two			State	Zip Code	
463 Summer Hill Road								СТ	06443
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
203-421-3736		203-421-3	3570						

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of				_	,		
	Water Quality Monit	oring a	na Con					
PWS ID PWS Name Classification Population Owner Type Primary Sou								
СТ0760024	CIRCLE PIZZA	NC	25	Р	GW			
Local Address (where applicable) Service Residential Commercial Industrial Combined Agricult							ed Agricultural	

	· coo (miler c applicable)		• • • • • • •		••••			•••••	7 10111011011011
1278 DUR	HAM ROAD		Connections		1				
Towns Sei	rved: MADISON			I		I			
		Monito	oring Requ	irement	S				
Water Sy	stem Facility: DISTRIBUTIO	N SYSTEM (WSF II	D: 00600)						
-	liform (3100)	•	•				1 roı	utine (RT) p	er quarter
	pling Point (Sampling Point ID)				ince Status				
Selec	ct from Inventory of Active Sam	oling Points		10/1/18 - 12		Cor	nplete		
				1/1/19 - 3/	31/19			Cor	nplete
				4/1/19 - 6/	30/19			Cor	nplete
				7/1/19 - 9/	30/19				
Physical	Parameters (PPS)						1 rou	utine (RT) p	er quarter
Sam	pling Point (Sampling Point ID)			Monitoring	Period	Collect	ion Period	Complia	ınce Status
Selec	ct from Inventory of Active Sam	oling Points		10/1/18 - 12	/31/18			Cor	nplete
				1/1/19 - 3/	31/19			Cor	nplete
				4/1/19 - 6/	30/19			Cor	nplete
				7/1/19 - 9/	30/19				
Water Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700)							
Nitrate A	And Nitrite (NOX)						1	routine (R	Γ) per year
Sam	pling Point (Sampling Point ID)			Monitoring	Period	Collect	ion Period	Complia	ince Status
ENTF	RY POINT (3)			1/1/18 - 12/	/31/18			Cor	nplete
				1/1/19 - 12/	/31/19			Cor	nplete
				1/1/20 - 12/	/31/20				
Water Sy	stem Facility: WELL (WSF I	D: 21323)							
E. Coli (3014)						1 rou	utine (RT) p	er quarter
Sam	pling Point (Sampling Point ID)			Monitoring	Period	Collect	ion Period	Complia	ince Status
WEL	L (2)			10/1/18 - 12	/31/18			Cor	nplete
				1/1/19 - 3/	31/19			Cor	nplete
				4/1/19 - 6/	30/19			Cor	nplete
				7/1/19 - 9/	30/19				
	Wate	r System Facili	ty and Sar	npling Po	oint In	vento	ry		
Water						Total	Lead and		
System	Water System Facility	Sampling Point	Sampling Poi	nt		Coliform	Copper		Stage
Facility ID)	ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SEF	VICE CON	Α				
		UPSTREAM	WITHIN 5 SEF	VICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT		Α				
21323	WELL	2	WELL		Α				

	Contact Information	1		
Name	Organization		Job Title	
Mr. Robert P. Sassi	Circle Pizza	Owner		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
1270 Dumbana Dal		Nowbb Madiana	CT	06442

60670 TREATMENT PLANT

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

CT0760024 CIRCLE PIZZA Local Address (where applicable) Service Residential Commercial Industrial Combined Agriculary		Connecticut	Department of	of Public F	Health	Drin	ıking	g Water	Section		
CT0760024 CIRCLE PIZZA Local Address (where applicable) Service Residential Commercial Industrial Combined Agriculary		Wate	r Quality Moni	toring an	d Con	nplia	nce S	Schedul	e		
Local Address (where applicable) Service Residential Commercial Industrial Combined Agricu	PWS ID	PWS Name				Classifi	cation	Population	Owner Type	Primary So	urce
, , , , ,	Т0760024	CIRCLE PIZZA				N	С	25	Р	GW	
1278 DURHAM ROAD Connections 1	ocal Address (w	here applicable)		Service	Residen	tial Co	mmerci	al Industri	al Combine	ed Agricult	ural
	L278 DURHAM R	ROAD		Connections	5		1				
Towns Served: MADISON					·	·					
1278 Durnam Rd North Madison C1 0644	1278 Durnam Ko	l					North	viadison	CI	06443	
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address	Business Phone	e Extension	Fax Mol	oile Phone E	Emergency	Phone	Email A	Address			
860-663-2694					860-663-	2694					

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Don	autmont of	Dublia Hoolth	Duinle	in a M	aton Co	ation
	Connecticut Dep						CUOII
	Water Qu	ality Monit	oring and Cor	npliand	ce Sche	edule	
PWS ID	PWS Name			Classificat	ion Popu	lation Owi	ner Type Primary Source
СТ0760034	KLEINS GOLF RANGE			NC	3	31	P GW
Local Address (\	where applicable)		Service Reside	ntial Comn	nercial Ir	ndustrial	Combined Agricultural
391 DURHAM R	OAD		Connections		1		
Towns Served: I	MADISON						
		Monito	oring Requireme	ents			
Water System	Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)				
Total Coliforn	n (3100)					1 rou	tine (RT) per quarter
Sampling I	Point (Sampling Point ID)		Monito	ring Period	Collect	ion Period	Compliance Status
Select fron	n Inventory of Active Sampli	ng Points	10/1/18	- 12/31/18			Complete
			1/1/19	- 3/31/19			Complete
			4/1/19	- 6/30/19			
			7/1/19	- 9/30/19			
Physical Para	meters (PPS)					1 rou	tine (RT) per quarter
Sampling I	Point (Sampling Point ID)		Monito	ring Period	Collect	ion Period	Compliance Status
Select fron	n Inventory of Active Sampli	ng Points	10/1/18	- 12/31/18			Complete
			1/1/19	- 3/31/19			Complete
			4/1/19	- 6/30/19			
			7/1/19	- 9/30/19			
Water System	Facility: ENTRY POINT	(WSF ID: 00700)					
Nitrate And N	litrite (NOX)					1	routine (RT) per year
Sampling I	Point (Sampling Point ID)		Monito	ring Period	Collect	ion Period	Compliance Status
ENTRY POI	NT (3)		1/1/18	- 12/31/18			Complete
			1/1/19	- 12/31/19			Complete
			1/1/20	- 12/31/20			
Water System	Facility: DUG WELL (W	SF ID: 21324)					
E. Coli (3014)						1 rou	tine (RT) per quarter
	Point (Sampling Point ID)		Monito	ring Period	Collect	ion Period	Compliance Status
WELL (2)				- 12/31/18			Complete
, ,				- 3/31/19			Complete
				- 6/30/19			·
			7/1/19	- 9/30/19			
	Water	System Facili	ty and Sampling		nvento	ry	
Water					Total	Lead and	
	er System Facility		Sampling Point		Coliform		Stage
Facility ID		ID	Description	Status		Rule Tier	Asbestos WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Л А	Υ		
		DOWNSTREAM	WITHIN 5 SERVICE CO	N A			
		UPSTREAM	WITHIN 5 SERVICE CO	N A			
00700 ENT	RY POINT	3	ENTRY POINT	Α			

WELL

Α

2

21324 DUG WELL

48154 ULTRAVIOLET DISINFECTION

56262 PRESSURE STORAGE

Water Quality Monitoring and Compliance Schedule								
PWS ID	WS ID PWS Name				ssification	Population	Owner Type	Primary Source
СТ0760034		NC		31	Р	GW		
Local Address (\	Service	Resider	ntial Commerc		al Industri	al Combine	ed Agricultural	
391 DURHAM R	Connections			1				

Connecticut Department of Public Health Drinking Water Section

			C	ontact Inf	ormation				
Name				Organization	ı			Job Title	
Mr. David Klein				Klein Family	Lp		Member		
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
391 Durham Road						Madisor	າ	СТ	06443
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email A	ddress		
203-245-1139			86	0-908-3176	860-572-9744	dklein@	kleinsgolf.cor	n	
Contact Role(s): A	dministrative	Contact, Leg	gal Contact, C)wner					
Name				Organization	1			Job Title	
Kleins Golf Range L	LC / Klein Fan	nily Lp							
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
391 Durham Road						Madisor	า	СТ	06443
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email A	ddress		
203-245-1139									
Contact Role(s): O	wner		,						

Please note the following:

Towns Served: MADISON

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name Classification Population Owner Type Primary Source												
CT0769153 CHRIST CHAPEL					NC	30	Р		GW			
Local Address (where applicable) Service Reside					Commerci	al Industr	ial Com	oined	Agricultural			
1185 DURHAM I	Connections	1										

Towns Served: MADISON								
Monito	oring Requirements							
Water System Facility: DISTRIBUTION SYSTEM (WSF I	D: 00600)							
Total Coliform (3100) 1 routine (RT) per qu								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete					
	1/1/19 - 3/31/19		Complete					
	4/1/19 - 6/30/19		Complete					
	7/1/19 - 9/30/19	7/1/19 - 9/30/19						
Physical Parameters (PPS)		1 routine (RT) per qu						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete					
	1/1/19 - 3/31/19		Complete					
	4/1/19 - 6/30/19		Complete					
	7/1/19 - 9/30/19							
Water System Facility: ENTRY POINT (WSF ID: 00700)								
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete					
	1/1/19 - 12/31/19		Complete					
	1/1/20 - 12/31/20							
Other C	ompliance Schedules							

Other C	Compliance Schedules		
Compliance Schedule Activity	Due Date	Achieved Date	
CROSS CONNECTION EXEMPTION	3/1/2016		
RESPOND TO SANITARY SURVEY	12/25/2016		

Water System Facility and Sampling Point Inventory										
Water System Facility	Sampling Point ID	Sampling Point Description	Status	Dula		Asbestos	Stage WQP 2 DBPR			
DISTRIBUTION SYSTEM	001	NEW LADIES ROOM	Α		2					
	002	NEW MENS ROOM	Α		2					
	003	UP STAIRS KIT. SINK	Α	Υ	2					
	004	DOWNSTAIRS KITCHEN	Α		2					
	005	JANITOR CLOSET	Α		2					
	4	GENERIC DISTRIBUTION	Α	Υ						
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
	UPSTREAM	WITHIN 5 SERVICE CON	Α							
ENTRY POINT	3	ENTRY POINT	Α							
CHRIST CHAPEL TREATMENT STATION										
CHRIST CHAPEL WELL	2	CHRIST CHAPEL WELL	Α							
BLADDER STORAGE TANK										
	Water System Facility DISTRIBUTION SYSTEM ENTRY POINT CHRIST CHAPEL TREATMENT STATION CHRIST CHAPEL WELL	Water System Facility DISTRIBUTION SYSTEM 001 002 003 004 005 4 DOWNSTREAM UPSTREAM ENTRY POINT 3 CHRIST CHAPEL TREATMENT STATION CHRIST CHAPEL WELL 2	Water System Facility DISTRIBUTION SYSTEM 001 NEW LADIES ROOM 002 NEW MENS ROOM 003 UP STAIRS KIT. SINK 004 DOWNSTAIRS KITCHEN 005 JANITOR CLOSET 4 GENERIC DISTRIBUTION DOWNSTREAM WITHIN 5 SERVICE CON UPSTREAM WITHIN 5 SERVICE CON ENTRY POINT 3 ENTRY POINT CHRIST CHAPEL TREATMENT STATION CHRIST CHAPEL WELL 2 CHRIST CHAPEL WELL	Water System Facility Description Description NEW LADIES ROOM A 002 NEW MENS ROOM A 003 UP STAIRS KIT. SINK A 004 DOWNSTAIRS KITCHEN A 005 JANITOR CLOSET A GENERIC DISTRIBUTION A DOWNSTREAM UPSTREAM WITHIN 5 SERVICE CON A ENTRY POINT 3 ENTRY POINT A CHRIST CHAPEL TREATMENT STATION CHRIST CHAPEL WELL 2 CHRIST CHAPEL WELL A	Water System Facility Sampling Point ID Description NEW LADIES ROOM A 002 NEW MENS ROOM A 003 UP STAIRS KIT. SINK A Y 004 DOWNSTAIRS KITCHEN A 005 JANITOR CLOSET A 4 GENERIC DISTRIBUTION A Y DOWNSTREAM WITHIN 5 SERVICE CON A ENTRY POINT 3 ENTRY POINT A CHRIST CHAPEL TREATMENT STATION CHRIST CHAPEL WELL 2 CHRIST CHAPEL WELL A Total Coliform Rule Coliform Rule Coliform Rule Coliform Rule Coliform NEW LADIES ROOM A Y A Y CHRIST CHAPEL WELL A	Water System Facility Sampling Point ID Description NEW LADIES ROOM A 2 002 NEW MENS ROOM A 2 003 UP STAIRS KIT. SINK A Y 2 004 DOWNSTAIRS KITCHEN A 2 005 JANITOR CLOSET A DOWNSTREAM WITHIN 5 SERVICE CON A ENTRY POINT 3 ENTRY POINT 3 ENTRY POINT CHRIST CHAPEL TREATMENT STATION CHRIST CHAPEL WELL 2 CHRIST CHAPEL WELL A Lead and Coliform Status Lead and Coliform Status Rule Tier Copper Rule Tier New Ladies ROOM A 2 4 2 CHRIST CHAPEL WELL A CHRIST CHAPEL WELL A Lead and Coliform Copper Rule Total Lead and Coliform Copper Rule Tier New Ladies Room A 2 4 2 CHRIST CHAPEL WELL A CHRIST CHAPEL WELL A Lead and Coliform Copper Rule Tier New Ladies Room A 2 A CHRIST CHAPEL WELL A CHRIST CHAPEL WELL A	Water System Facility Description DISTRIBUTION SYSTEM O01 NEW LADIES ROOM A 2 O02 NEW MENS ROOM A 2 O03 UP STAIRS KIT. SINK A Y 2 O04 DOWNSTAIRS KITCHEN A 2 O05 JANITOR CLOSET A GENERIC DISTRIBUTION A Y DOWNSTREAM WITHIN 5 SERVICE CON A ENTRY POINT 3 ENTRY POINT 3 ENTRY POINT A Total Coliform Copper Rule Tier Asbestos A 2 Asbestos A 2 Asbestos A 2 Asbestos A 2 Asbestos A Y 2 Asbestos A Y 2 Asbestos A Y 2 Asbestos A Y A CHRIST CHAPEL TREATMENT STATION CHRIST CHAPEL WELL A COHIFORM CORPET CORPET CORPET CORPET CORPET CORPET ASBESTOS A 2 CHRIST CHAPEL WELL A CORPET CORPET CORPET CORPET Asbestos A 2 Asbestos A 2 CHRIST CHAPEL WELL A CORPET CORPET ASBESTOS A A CORPET ASBESTOS ASBESTOS CORPET CORPET ASBESTOS ASBESTOS A			

Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name		Cla	ssification	Population	Owner Type	Primary Source			
СТ0769153	CHRIST CHAPEL			NC	30	Р	GW			
Local Address (where applicable) Service Reside					Commerci	al Industri	al Combin	ed Agricultural		
1185 DURHAN	1 ROAD	1								

Connecticut Department of Public Health Drinking Water Section

			Co	ntact Inf	ormation					
Name				Organization	1	Job Title				
Ms. Charlotte Rispo	el	Admin Assistant								
Mailing Address Lin	ne One Mailing Address Line Two City State					State	Zip Code			
Christ Chapel			1185 Durhan	n Road		Madisor	adison CT 064			
Business Phone	Extension	Fax	Мс	bile Phone	Emergency Phone	Email Address				
203-421-4667						churchoffice1185@gmail.com				
Contact Role(s): A	dministrative	Contact	·							
Name				Organization	1			Job Title		
Christ Chapel Board	d of Trustees									
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code	
C/O Christ Chapel B	Board of Truste	es	1185 Durhan	n Road		Madison CT			06443	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Address				
203-421-4667						churchoffice1185@gmail.com				
Contact Role(s): Le	egal Contact		,							

Please note the following:

Towns Served: MADISON

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut D	epartment of	Public F	lealth	Dri	nkin	g Wa	ater	Sect	ion		
	Water (Quality Monit	oring an	d Com	plia	ance	Sch	edule	9			
PWS ID	PWS Name		<u> </u>						ner Type Primary Sou			
CT0769204	4 CHURCH OF LATTER DA	AY SAINTS, MADISON			1	NC	1	72	Р		GW	
Local Addr	ess (where applicable)		Service	Resident	ial C	ommer	cial Ir	ndustria	l Co	mbined	Agricultu	
275 WARP	AS ROAD		Connections			1						
Towns Ser	ved: MADISON											
		Monito	oring Requ	uiremei	nts							
Water Sys	stem Facility: DISTRIBUTI	ON SYSTEM (WSF I	D: 00600)									
Total Col	iform (3100)							1	routin	ie (RT) į	per quarte	
Samp	ling Point (Sampling Point ID)		Monitorin	ng Per	riod	Collect	ion Peri	od	Compli	ance Status	
Select	t from Inventory of Active San	npling Points		10/1/18 -							mplete	
				1/1/19 -						Co	mplete	
			4/1/19 -									
	- ()			7/1/19 -	9/30/	19				/\		
•	Parameters (PPS)	a .		0.4 it i	D	ut a al	Callage				per quarte	
	olling Point (Sampling Point ID t from Inventory of Active San	Monitoring Period Collection 10/1/18 - 12/31/18						ion Period Compliance Status Complete				
Selec	t from inventory of Active 3an	ilpling Politis	1/1/19 - 3/31/19						Complete			
			4/1/19 - 6/30/19								Прісс	
				7/1/19 -								
Water Sys	stem Facility: ENTRY POIN	NT (WSF ID: 00700)		, , -	, ,							
Nitrate A	and Nitrite (NOX)								1 ro	utine (R	T) per yea	
Samp	ling Point (Sampling Point ID)		Monitoring Period Collection Period						Compliance Status		
ENTR	Y POINT (3)			1/1/18 - 12/31/18						Complete		
			1/1/19 - 12/31/19 Complete						mplete			
				1/1/20 - 1	12/31,	/20						
	Wat	er System Facili	ity and Sai	mpling	Poin	nt Inv	ento	ſy				
Water							Total	Lead o	ınd			
-	Water System Facility	Sampling Point		int		C	oliform	Copp			Stag	
Facility ID	AMELL III	ID	Description		St	atus	Rule	Rule 1	ier As	spestos	WQP 2 DB	
	WELL #1	2	WELL #1	NI CVCTERA		A						
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO			A	Υ					
		DOWNSTREAM UPSTREAM				A						
00700	ENTRY POINT	3	WITHIN 5 SEI			A						
	HYDROPNEUMATIC TANK	3	LIVINT PUINI	l		^						
39333	THE NOTIVE OWN AT LEAST	C	to at lasfa									
			tact Infor	mation								
Name		0	rganization						Jo	b Title		

Natural Resources-Special Proj

Mailing Address Line Two

Mobile Phone

12Th Floor

Fax

801-240-4005

Manager

mcdanielrb@ldschurch.org

State

UT

Zip Code

84150

City

Salt Lake City

Emergency Phone Email Address

Mr. Roy B. McDaniel

50 E. North Temple St

Business Phone

801-240-4656

Mailing Address Line One

Contact Role(s): Legal Contact

Extension

C	Connectic	ut Depa	rtmer	nt of	Public	Health	Dri	nking	Water	Section	L	
	Wat	ter Qua	lity M	onit	oring ar	nd Con	nplia	ince S	Schedul	le		
PWS ID P	WS Name						Classi	fication	Population	Owner Type	Primary Source	
CT0769204 C	HURCH OF LAT	TER DAY SAI	NTS, MAI	DISON		1	١C	172	Р	GW		
Local Address (wh		Service	Resider	ntial Co	ommercia	al Industri	al Combin	ed Agricultural				
275 WARPAS ROA	D				Connection	S		1				
Towns Served: MA	ADISON					1			'	'	,	
Name				Or	ganization				Job Title			
Mr. William A. Pu	ida			На	rtford Conn	ecticut Fm	Group		Facility Manager			
Mailing Address Li	ne One		Mailing A	Address	Line Two				City	Zip Code		
130 South Street								Cromw	Cromwell		06416	
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	y Phone	Email Address				
860-635-4035		860-635-	4036					puidawa@ldschurch.org				
Contact Role(s):	Administrative	Contact										

Contact Role(s). Administrative Contac

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule